

FIRST NAME JACK	MIDDLE NAME	LAST NAME RUBY	ARR. NO.
CELL NO. #2	AGE 52 SEX M RACE W	DATE 11-24-63 TIME 6 PM	
COPIES FOR DISTRIBUTION			
Prisoner Remarks: Rectal examination at request of APD & FBI -			
Nature of Illness or Injury: Adequate digital exam accomplished. No foreign bodies present as far as 3 inches			
1. Prisoners File <input type="checkbox"/>	Treated in Jail _____ Emerg. Hosp. _____ Parkland _____		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.: _____		
3. Dep. Chief Services <input type="checkbox"/>	_____		
4. Last Copy Remain Book <input type="checkbox"/>	Jailer On Duty [Signature]	Emerg. M.D. [Signature]	
NOTE: In the event of injury to prisoners while in jail special report must be made.			

FIRST JA CK		MIDDLE (N)		LAST NAME RUBY		N-E-AGE 52		63- 98531		CORPORATION COURT BOOKING NUMBER INV	
HOME ADDRESS 223 S. Bwing				DATE OF BIRTH 3 19 11		OCCUPATION bus. owner				COURT DISPOSITION	
ADDRESS WHERE ARRESTED 106 S. Harwood City Hall						BUSINESS ADDRESS					
ARREST OFFICERS (INCLUDE I D NUMBERS) GRAVES 702 W J HARRISON 579											
DATE 11 24 63		(A.M.) 1130		TIME (P.M.)		DIVISION CID 5 2		PLAYBOOK 102		DISTRICT	
DESK OFFICER LT. WIGGINS		CLERK J. NEWTON		STATION DT		RADIO CALL		VIEW XX		WARRANT SUMMONS 0101	
CHARGED WHEN BOOKED INV. MURDER						CHARGED TO Murder Fritz 11-25-63					
BAILED TO		BY		DATE - TIME		M.B.B.		BAGG APP.		DATE - TIME SET	
RELEASED BY (NOT CHARGED) DATE - TIME		COUNTY JAIL		AMT. FINE PAID		RECEIPT NO.		NO. DAYS SERVED		DATE - TIME	
52		<input checked="" type="checkbox"/>						Dargatz Brown Linnell 11-25-11504			

36

B-23

PROPERTY RECEIPT NO.

3051

Cash 2015.33 Purse NO Watch Brock
K ✓ Keys ✓ Glasses ✓
Ring ✓ Pen 3 Pencil ✓
Lighter ✓ Buttons ✓ Checks Travelers
1 Hat Shaver 1 Fur Coat 1 Shirt 1 Undershirt
Package ✓ Wine ✓ Whiskey ✓
Miscellaneous tie clips (2) 1 Belt 1 Hat

Searched by Thorne & Detention
(ASSISTANT JAILER)

Jailer Stacy
Property Released by Property checked by
Property Received by Seawell K. Albert + Dirk Polidore
(SIGNATURE)

PRISONER'S ORDER FOR MONEY

Amount To

(PRISONER'S SIGNATURE)

Approved by Date

Received from 413 the above

FIRST NAME <i>Jack</i>		MIDDLE NAME	LAST NAME <i>Ruby</i>		ARR. NO.
CELL NO. <i>F2</i>	AGE <i>52</i>	SEX <i>M</i>	RACE <i>W</i>	DATE <i>11-24-65</i>	TIME <i>20.5 PM</i>
COPIES FOR DISTRIBUTION		Prisoner Remarks: <i>No injuries sustained</i>			
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: <i>Small abrasion on left forehead, small bruises on rt. arm (medial aspect) & rt forearm</i>				
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail <input checked="" type="checkbox"/> Emerg. Hosp. _____ Parkland _____				
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.: <i>No Rx indicated</i>				
4. Lat. copy to Remain in Book <input type="checkbox"/>	Jailer On Duty <i>Jack</i>	Emerg. M.D. <i>Ruby</i>			
NOTE: In the event of injury to prisoners while in jail special report must be made.					